ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	no conces)			
· COMON	INITIALS	B ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER	all			
FORMALITY REVIEW	- 11'-	7111	10/21	
RESPONSE FORMALITY REVIEW	NOM	11435	02/8/01	5/11
	per	830	01.09,02	-71

INDEX OF CLAIMS

~	Rejected	N
==	Allowed	N Non-elected
_	(Through numeral) Canceled	Interference
÷	Restricted	A Appeal
	TOOLING CO	O Objected

· Claim	Date	Claim Dete					
Final Diginal			Date	Claim	Date	-	
Final Origina		Final				_	
"Total		Final		Final	1		
(1)= (2)	+ + + + + +	51					
3		52	 	101		_	
4		53	T	102		_	
6	+ - - - -	54	 	103		***************************************	
6	+++++	55		104		_	
7 1	┼┽┼┼┼┼	56		106			
. 8	+++++	57		107		_	
9	+++++	58		108			
10	+++++	59		109			
11	 	60		110	+++++		
12	 	62	+	111		-	
13		63		112		4	
14		64	+++ -	113		4	
15		65	++++	114	++++	4	
16		66	+	115	++++	┨	
17		67		116		+	
18		68	+++++	117	T	1	
19		69	+++++	118		1	
20		70	++++	119			
21		71	++++	120			
22		72	╎╸┤╸┤╸┤	121			
34		73	 	122			
25	++++	74	 	123			
26	+++++	75		124			
27	++++	76		125			
28	+++++	77		127			
29	+++++	78		128			
30	+++++	79		129			
31	 	80		130	-+		
. 32	+ + + + + + + + + + + + + + + + + + + 	81		131			
33	 	83		132			
34		84		133	++++		
35		85	+	134	++++		
36		86	++++	135			
38		87		136			
39		88	++++	137			
40		89	++++	138			
41		90	++++ +	139			
42		91		140			
43		92	++++	141			
44		93	+++++	142			
45	44417	94	+++++	143			
46	++-	95	++++	144			
47	+++	96	 	145			
48	+++-	97	 	146			
49		98	 	147			
50 =	++++ [99		148			
		100		149			
				liad			

If more than 150 claims or 10 actions staple additional sheet here

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